



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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DEPUTY DIRECTOR

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DEPUTY DIRECTOR

DECLARATION OF GUAM RESIDENCY

NAME: _____

CONTACT NO.: _____

I, (NAME) _____ FORMALLY ACKNOWLEDGE THAT I
[CURRENTLY RESIDE/WILL RESIDE] IN GUAM WITH A STREET ADDRESS OF
_____ IN THE VILLAGE OF _____.

I SWEAR AND AFFIRM UNDER PENALTY OF PERJURY THAT THE FACTS SET
FORTH IN THIS STATEMENT ARE TRUE AND ACCURATE.

(Signature of Traveler)

(Date)

WITNESSED BY: _____

Date: _____